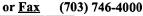
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together

applicable fee(s), to: Mail

FEE Mail Stop IS Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





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(Depositor's name (Signature (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/987,633	11/15/2001	Tarou Kaneko	2000P348871	7414

TITLE OF INVENTION: ARRAY WAVEGUIDE GRATING, OPTICAL TRANSMITTER AND OPTICAL COMMUNICATION SYSTEM WITH MONITORING FUNCTION\*

APPËN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	10/01/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
BARTH, VINCENT P		2877		385-037000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				inting on the patent front page f up to 3 registered patent a		nn & Gibb,PLLC
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			firm (hav	R, alternatively, (2) the name ring as a member a registered	attorney or 2	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				nd the names of up to 2 regis or agents. If no name is listed		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Number is required.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NEC Corporation

Tokyo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee X A check in the amount of the fee(s) is enclosed. 4 Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_

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Authorized Signature)	Reg.No. 48,317	(Date) 09/20/2004

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09/21/2004 RFEKADU2 00000049 09987633

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